


Kids From Low-Income Families Have More Severe Food Allergies—Here's What Experts Say

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Food allergies among children are a growing health concern, yet they don't affect all kids equally.

By Bridget Shirvell December 13, 2021



Credit: Getty Images.

A soft-boiled egg on toast, graham cracker peanut butter sandwiches, seared scallops—simple, easy meals and snacks, yet all of those dishes also contain some of the top food allergens. Food allergies have more than doubled in the last generation. The Centers for

Disease Control and Prevention (CDC) estimates that food allergies affect 8 percent of—or 1 in 13—children in the United States.

Yet, they don't affect everyone the same. Kids from low-income families are not only more likely to suffer from food allergies but are also more likely to be hospitalized from those allergies.

"It is estimated that around 8 percent of U.S. children have a diagnosable food allergy but if narrowed to only inner-city, the number is closer to 10 percent and potentially underestimated," says Alok Patel, M.D., pediatric hospitalist at Stanford University and the University of California, San Francisco.

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And low-income families of children with food allergies spend 2.5 times more on hospitalization costs, according to research from Northwestern Medicine published in 2016.

Socioeconomic disparity goes hand in hand with barriers to access preventative health care. As children from low-income families are also more likely to have undiagnosed allergies, food allergies are likely more common than we think.

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What Makes Kids More At Risk for Food Allergies

Watching my daughter take her first bites of foods like blueberries, avocado, and peanut butter was delightful. Her reactions to the new tastes and textures forced me to slow down and think about the joy of eating, but the process wasn't without a dose of anxiety. It was a relief once we'd made our way through trying all the major food allergens with no issues.

While food allergies can develop at any time in life, most begin in childhood. But early exposure, and ongoing feeding of allergens during infancy, are known to decrease risk. That's why newer national health guidelines released in 2017 suggest parents start introducing food containing peanuts to their babies as early as 6 months old, as opposed to earlier recommendations that said to wait until 3 years old.

"Early introduction to allergens and diet diversity is so critical in infancy. Training little immune systems to recognize allergens as foods and not foreign invaders is a critical step in terms of addressing the rising numbers of food allergies," says Dr. Patel.

But that's easier said than done when you're struggling to feed yourself and your family and can't afford a variety of foods that may help prevent allergies. More than 10 percent of households in the U.S. were considered food insecure in 2020, according to the U.S.

Department of Agriculture (USDA) 's Economic Research Service. Among Black households, that number was 21.7 percent, and 17.2 percent for Latinx households. The income inequality contributes to the higher rates of food allergies in Black and Latinx children.

Besides the lack of early introduction of food allergens, environmental factors and skin conditions like eczema also put children at risk for developing food allergies. Black babies are also more likely to develop eczema than white children.

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"We know that eczema (dry, open skin) is the number one risk for developing a food allergy," says Wendy Sue Swanson, M.D., MBE, FAAP, pediatrician and chief medical officer of SpoonfulOne, which helps parents and caregivers introduce common food allergens early during the immune system's development.

While we're still learning about how and why allergies develop, some of the other factors that may make children more likely to develop allergies are a lack of vitamin D and overuse of antibiotics that change our microbiome.

What Needs To Change

Unfortunately, we can't snap our fingers and wish away food allergies. Several issues, many of them systemic, need to be addressed to reduce the risk of food allergies for all children, but especially for ones from low-income households.

One way to increase access to education about food allergies starts with increasing access to health care. Low-income families often struggle with lack of insurance coverage, little access to services, and unaffordable costs. That leaves about 20.3 million kids in the U.S. with a lack of "access to care that meets modern pediatric standards," according to a 2016 report from the Children's Health Fund.

"Primary care physicians can serve as the medical home for children from lower socioeconomic statuses," says Amna Husain, M.D., FAAP, a concierge pediatrician with Pure Direct Pediatrics. "This would ensure not only an established place for medical care, but also someone to help with coordination of referrals to an allergist should a food allergy develop."

It's not just access to primary care physicians and allergists, though; all families need access to allergen-free foods (when appropriate), routine medical care, and affordable epinephrine auto-injectors. While Medicaid typically covers the latter, not all low-income families qualify for the free or low-cost insurance program.

"Change needs to happen from the ground level, involving awareness and intervention, all the way to a national level with targeted legislation," says Dr. Patel.

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What Parents Can Do About Food Allergies

Parents should try and have regular conversations about allergies with their pediatricians. When possible, start these conversations before your child is even born. The [American Academy of Pediatrics \(AAP\)](#) recommends pregnant parents-to-be visit a pediatrician in their third trimester to begin establishing a relationship. Continue these conversations whether you feed formula or breastmilk as some allergies may pop up then. Don't be afraid to change pediatricians if you feel like one isn't listening to your concerns. You need and deserve a good relationship with your health care providers.

If you notice your child has eczema or another atopic disease, good management and treatment can make a big difference. Untreated eczema can increase a child's risk of developing food allergies. One [study found](#) infants with eczema were six times more likely to have an egg allergy and 11 times more likely to be allergic to peanuts by 12 months than those without the skin condition.

"Parents can work with their pediatrician to make sure they are increasing the skin barrier by ridding it of dryness," says Dr. Swanson, adding, "Parents should always wash hands before holding the baby, especially after handling food because they don't want to introduce food to the baby through the skin."

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When you start transitioning your baby food, you should also revisit when and how to introduce allergens. And ask about the [signs of anaphylaxis](#).

"They can do this by making sure they are introducing food allergens (nuts, peanuts, eggs, fish, shellfish, soy, sesame, etc.) right when they start solids," says Dr. Swanson. "By keeping those foods and a diverse diet in the baby's life in early months, they can truly change the risk for their baby of developing food allergies and even other allergic conditions."

